

Financial Statement of Applicant

(Insert the Word "None" Where Applicable to any of the Following Items)

Name:		DOB:																
Address:		Phone:	SSN:															
Occupation:		How Long in Present:																
Employer:	Address:		Phone:															
Monthly Income: Salary or Wages: \$ _____ Commissions: \$ _____ Other (state source): \$ _____ Total: \$ _____	Other Employers Within Last 3 Years: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name</td> <td style="width: 33%;">Address</td> <td style="width: 33%;">Dates of Emp.</td> </tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </table>			Name	Address	Dates of Emp.	_____	_____	_____	_____	_____	_____	_____	_____	_____			
Name	Address	Dates of Emp.																
_____	_____	_____																
_____	_____	_____																
_____	_____	_____																
Name of Spouse:		SSN:	DOB:															
Occupation:		How Long in Present:																
Spouse Employer:	Address:		Phone:															
Monthly Income of Spouse: Salary or Wages: \$ _____ Commissions: \$ _____ Other (state source): \$ _____ Total: \$ _____	Other Employers Within Last 3 Years (of spouse): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name</td> <td style="width: 33%;">Address</td> <td style="width: 33%;">Dates of Emp.</td> </tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </table>			Name	Address	Dates of Emp.	_____	_____	_____	_____	_____	_____	_____	_____	_____			
Name	Address	Dates of Emp.																
_____	_____	_____																
_____	_____	_____																
_____	_____	_____																
Other Dependents: _____ Number _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Name</td> <td style="width: 33%;">Relationship</td> <td style="width: 33%;">Age</td> </tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </table> Total Monthly Income of Dependents (except Spouse) \$ _____ For What Period Did you Last File a Federal Income Tax Return? _____ Where was Tax Return Filed? _____ Amount of Gross Income Reported. \$ _____		Name	Relationship	Age	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Fixed Monthly Expenses (to nearest dollar): Rent or House Payment: \$ _____ Utilities: \$ _____ Food: \$ _____ Interest: \$ _____ Insurance: \$ _____ Debt Repayments Household Furnishings: \$ _____ Personal Loans \$ _____ Automobile \$ _____ Doctors and Dentist \$ _____ Other (specify) \$ _____ Total Fixed Monthly Expenses \$ _____	
Name	Relationship	Age																
_____	_____	_____																
_____	_____	_____																
_____	_____	_____																
_____	_____	_____																
Assets: (Fair Market Value) Cash \$ _____ Checking Accounts (show location) \$ _____ Savings Accounts (show location) \$ _____ Cash Surrender Value of Life Insurance \$ _____ Motor Vehicles: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Make</td> <td style="width: 33%;">Year</td> <td style="width: 33%;">License #</td> </tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </table> Debts Owed to You (Name of Debtor) _____ _____ Stocks, Bonds and Other Securities (Itemize) _____ _____ Household Furniture and goods \$ _____ Items Used in Trade or Business \$ _____ Other Personal Property (Itemize) \$ _____ _____ Real Estate (Itemize) _____ _____ Other Assets: \$ _____		Make	Year	License #	_____	_____	_____	_____	_____	_____	Liabilities: Bills Owed (grocery, doctor, lawyer, etc.) \$ _____ Installment debt (car, furniture, clothing, etc.) \$ _____ Taxes Owed: Income \$ _____ Other (Itemize) _____ \$ _____ _____ Loans Payable (to banks, finance Companies, etc.) \$ _____ Judgments you Owe (Held by Whom?) \$ _____ _____ _____ Small Business Administration \$ _____ Loans on Life Insurance \$ _____ Mortgages on Real Estate \$ _____ Margin Payable on Securities \$ _____ Other Debts (Itemize) \$ _____ _____ _____ Total Liabilities \$ _____ Contingent Liabilities \$ _____							
Make	Year	License #																
_____	_____	_____																
_____	_____	_____																

Please Use Additional Sheets Where Space on this Form is Insufficient

Financial Statement of Applicant

(Insert the Word "None" Where Applicable to any of the Following Items)

Loans Payable:					
Owed To	Date of Loan	Original Amount	Present Balance	Term of Repay	How Secured
Real Estate Owned: (Free & Clear) Address		How Owned (Jointly, Individually, etc.)		Present Market Value	
				\$	
Real Estate Being Purchased on Contract or Mortgage:					
Address					
Date Acquired:			Balance Owed: \$		
Name of Seller or Mortgager:					
Purchase Price: \$			Date Next Cash Payment Due:		
Present Market Value: \$			Amount of Next Cash Payment: \$		
Life Insurance Policies:					
Company	Face Amount	Cash Surrender Value	Outstanding Loans		
List all Real and Personal Property Owned by Spouse and Dependents Valued in Excess of \$200:					
List all Transfers of Property, Including Cash (by Loan, Gift, Sale, Etc.) that you have Made Within the Last 3 Years (List only Transfers of \$300 or Over)					
Property Transferred	To Whom	Date	Amount		
Are you a Co-Maker, Guarantor, or a Party in any Lawsuit or Claim Now Pending?					
__ Yes __ No If Yes, Give Details					
Are you a Trustee, Executor, or Administrator? __ Yes __ No If Yes, Give Details					
Are you a Beneficiary Under a Pending, or Possible, Inheritance or Trust, Pending or Established?					
__ Yes __ No If Yes, Give Details					
With knowledge of the penalties for false statements provided by 18 United States Code 1001 (\$10,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the Government, I certify that all the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by another.					
Under the provisions of the Privacy Act, applicants are not required to give their social security numbers. West Virginia Division of Administrative Services / Justice and Community Services, however, uses the social security number to distinguish between people with similar to the same name. Failure to provide this number may not affect any right, benefit or privilege to which an individual is entitled by law by having the number makes it easier for JCS to more accurately identify to whom adverse credit information applies and to keep accurate records.					
Signature:				Date:	

Please Use Additional Sheets Where Space on this Form is Insufficient